

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049547

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12722

STATE FILE NUMBER

FILED JAN 16 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **People's Hospital**

Inside Limits

Yes ☐ No ☐

d. STREET
ADDRESS

(If outside, give location)

1050 Hamilton Ave.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

Henderson

McMillan

4. DATE
OF
DEATH

Month

Day

Year

12/

30/

62

5. SEX

M

6. COLOR OR RACE

C

7. Married

☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

7/14/08

9. AGE (last birthday)

54yrs.

IF UNDER 1 YEAR

Months

Days

Hours

Min.

5

15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR INDUSTRY

Emerson Electric

11. BIRTHPLACE (City and state or country)

Prairie, Miss.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Henderson Millian

13b. MOTHER'S MAIDEN NAME

Marie Walker

14. NAME OF HUSBAND OR WIFE

Mary McMillan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary Henderson

Address

1050 Hamilton Ave.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

2 da.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Cardiovascular Disease

several

yrs.

DUE TO (c)

443X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐

NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **12-28-62** to **12-30-62** and last saw her alive on **12-30-62**

Death occurred at **3:40** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Bernard C. Randolph, M.D.

22b. ADDRESS

4903a Easton

22c. DATE SIGNED

1-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1/4/63

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson

23d. LOCATION (City, town, or county)

Kirkwood,

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Walton Funeral Home 2707 Stoddard St.

25. DATE RECD. BY LOCAL REG.

JAN 4 1963

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 112391 Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.